

**TRACS/Voucher Information Sheet**  
**Please fill this form out for each property**

Property Name:	
Contract Number:	<b>MN46</b>

**TRACS Contact** (Person responsible for **electronic submission** of 50059's and Vouchers)

Company Name:			
Contact Person:			
Phone:		Fax:	
E-Mail:			

**VOUCHER Contact** (Person responsible for **Recertifications and processing HAP Voucher**)

Company Name:			
Contact Person:			
Phone:		Fax:	
E-Mail:			
<b>Mailing Address</b> for HAP Voucher:			

**SPECIAL CLAIMS Contact** (Person responsible for **submitting Special Claims**)

Company Name:			
Contact Person:			
Phone:		Fax:	
E-Mail:			

**TRACS Software** (TRACS/HUD software vendor)

TRACS Mailbox ID#:			
<b>TRACSMail ID you are using to send FROM.</b>			
Software Program used:			

RETURN BY FAX, EMAIL, or MAIL to Rose Marsh

FAX NUMBER:	651-296-7069
EMAIL:	rose.marsh@state.mn.us
MAIL:	Minnesota Housing Finance Agency
	Attn: Rose Marsh
	400 Sibley St., Ste. 300
	St. Paul, MN 55101

